| STATE OF WISCONSIN, CIRCUIT COURT, |                          | COUNTY                      | For Official Use  |  |
|------------------------------------|--------------------------|-----------------------------|-------------------|--|
|                                    | Satisfaction of Judgment |                             |                   |  |
| laintiff:                          | Or                       |                             |                   |  |
| -VS-                               |                          | Release                     |                   |  |
| efendant:                          | Coop No                  |                             |                   |  |
|                                    | Case No                  |                             |                   |  |
| the undersigned                    |                          |                             |                   |  |
| Name of Judgment Debtor            | Date Docketed            | Amount                      | Amount of Payment |  |
| Name of Judgment Creditor          |                          | Amount                      | of Judgment       |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
| his judgment is                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
| fully satisfied.                   |                          |                             |                   |  |
| partially satisfied as to:         |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
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|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
|                                    |                          |                             |                   |  |
| ubscribed and sworn to before me   |                          |                             |                   |  |
|                                    |                          | nature of Owner/Atten       | nev .             |  |
| 1                                  |                          | Signature of Owner/Attorney |                   |  |
| Notary Public, State of Wisconsin  | 1                        | Name Printed or Typed       |                   |  |
| y commission expires:              |                          | Date                        |                   |  |
| ,                                  |                          |                             |                   |  |